



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants:	Pacifico et al.	Examiner:	S. Acquah
Application No.:	09/996,636	Group Art Unit:	1711
(Patent No.:	6,251,478 B1)	Confirmation No.:	4050
Filed:	November 29, 2001	Docket:	1001-13 RES
For:	SENSITIVE SUBSTANCE ENCAPSULATION	Dated:	February 9, 2004

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Patents, PO Box 1450, Alexandria, VA 22313-1450

on 2-9-04 Signature Susan A Sipes  
Feb 9, 2004

**AMENDMENT TO THE REISSUE APPLICATION**

Sir:

Applicants respectfully submit the present amendment in response to the August 8,  
2003 Office Action for entry into the above-identified application.

**Amendments to the Specification:**

Begins on page 2.

**Amendments to the Claims:**

Begins on page 3.

**Status of the Claims:**

Reflected in the listing of the claims which begins on page 4.

**Remarks:**

Begins on page 8.



Image #/AF  
Attorney Docket No. 1001-13 RES

In re Application of: Pacifico, et al.

Serial No.: 09/996,636

(Patent No.: 6,251,478 B1)

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ENCAPSULATION

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on February 9, 2004

Susan A. Sipos

Signature: [Signature] 2-9-04

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ Application qualifies for Small entity status under 37 C.F.R. 1.9 and 1.27.

☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

☒ No additional fee is required for presentation of new claims.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 34	MINUS	** 62	= 28
INDEP.	* 2	MINUS	*** 6	= 3

SMALL ENTITY

RATE	ADDL. FEE
x 9=	\$0.00
x 42=	\$0.00
x 140=	\$
TOTAL	\$ 0.00

OR

OTHER THAN A  
SMALL ENTITY

RATE	ADDL. FEE
x 18=	\$0.00
x 84=	\$0.00
x 280=	\$0
TOTAL	\$0.00

OR

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

\*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 08-2461 in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ 0 is attached.

☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

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[Signature]  
Susan A. Sipos

Registration No. 43,128